

FP-027

The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Fire Services
P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
(978) 567-3100 Fax: (978) 567-3199



Application/Permit for Supervised Display of Fireworks

This form shall be used as the application and permit for all supervised display of fireworks in the Commonwealth of Massachusetts.

A copy of this application and required documentation must be submitted to the head of the local fire department **at least twenty (20) days in advance of the proposed date of display** as required by 527 CMR 1.00 Section 1.12.8.39.2.2(1).

Required Documentation to be Submitted

- ☒ Diagram/site plan showing points where fireworks are to be discharged, location/distance to the audience, buildings, highways, overhead obstructions, etc. (handwritten maps are not acceptable; Maps must be Google, Bing, GIS)
- ☒ The number and description of the fireworks/pyrotechnics including the diameter of the shells.
- ☒ A copy of the natural barrier letter from the State Fire Marshal's Office (if applicable).
- ☒ FAA, Coast Guard, or other agency approvals/notifications

One copy of this form and required documentation must be forwarded by the Head of the Fire Department to the State Fire Marshal (by email dfs.licensing@state.ma.us, fax, or mail) not later than five (5) days after receipt of said application as required by 527 CMR 1.00 Section 1.12.8.39.2.2(4).

Name of Sponsor: Northampton Family Fourth Committee, Inc. Phone #: 413.586.0888
 Address of Sponsor: 40 Keyes Street - PO Box 60092 - Florence, MA 60092
 Location of Display (GPS coordinates): 42°20'49.50"N / 41°41'17.84"W Look Park Gazebo Area
 Nearest GPS Street Address to display set up: Look Park Service Road - Northampton, MA 01062
 Date Show is to be Held: June 25, 2016 From: 9:15PM a.m. / p.m. to: 9:30PM a.m. / p.m.
 Rain Date (if applicable): June 26, 2016 From: 9:15PM a.m. / p.m. to: 9:30PM a.m. / p.m.
 Fireworks/Special Effects Company: Pyrotecnico Fireworks, Inc. Phone #: 800.458.4656
 Current Users Certificate Number: PY-001012 Date of Expiration: 01.14.2017
 Name of Competent Operator: William T. Willard
 Certificate of Competency #: FW-000252 Expiration Date: 11.09.16
 Company Supplying Fireworks: (If different from applicant user certificate listed above): _____

Application/Permit for Supervised Display of Fireworks

Manner and Location of Storage of Fireworks Prior to Display:

On site in an approved DOT truck rental locked and secured.

Signature of Competent Operator: _____

Thomas Spencer

Date: April 27, 2016

I hereby certify that the competent operator named above has my approval and that in my opinion, the display described will be of such character, so located, discharged or fired as not to be hazardous to property or to endanger any person or persons. (G.L. Chapter 148, §39A)

- ☐ There are no changes to the natural barrier approval (no new developments, etc...)

Restrictions:

Chief officer required at the site upon the arrival
of product. Engine company required for the shooting
of fireworks.

Signature of Head of Fire Department: _____

Duan M. Nishid

Date: April 28 2016

This permit will expire at midnight on June 26 2016

One copy of this form must be forwarded to the State Fire Marshal (electronically, mail or fax) no more than five (5) days after receipt of said application by the head of the fire department as required by 527 CMR 1.00 Section 1.12.8.39.2.2 (4).

For Fire Department Use Only

Before the Show

- ☐ Review DEP advisory on perchlorates
- ☐ Verify active license and company information at www.mass.gov/dfs (License Lookup)

Day of Show

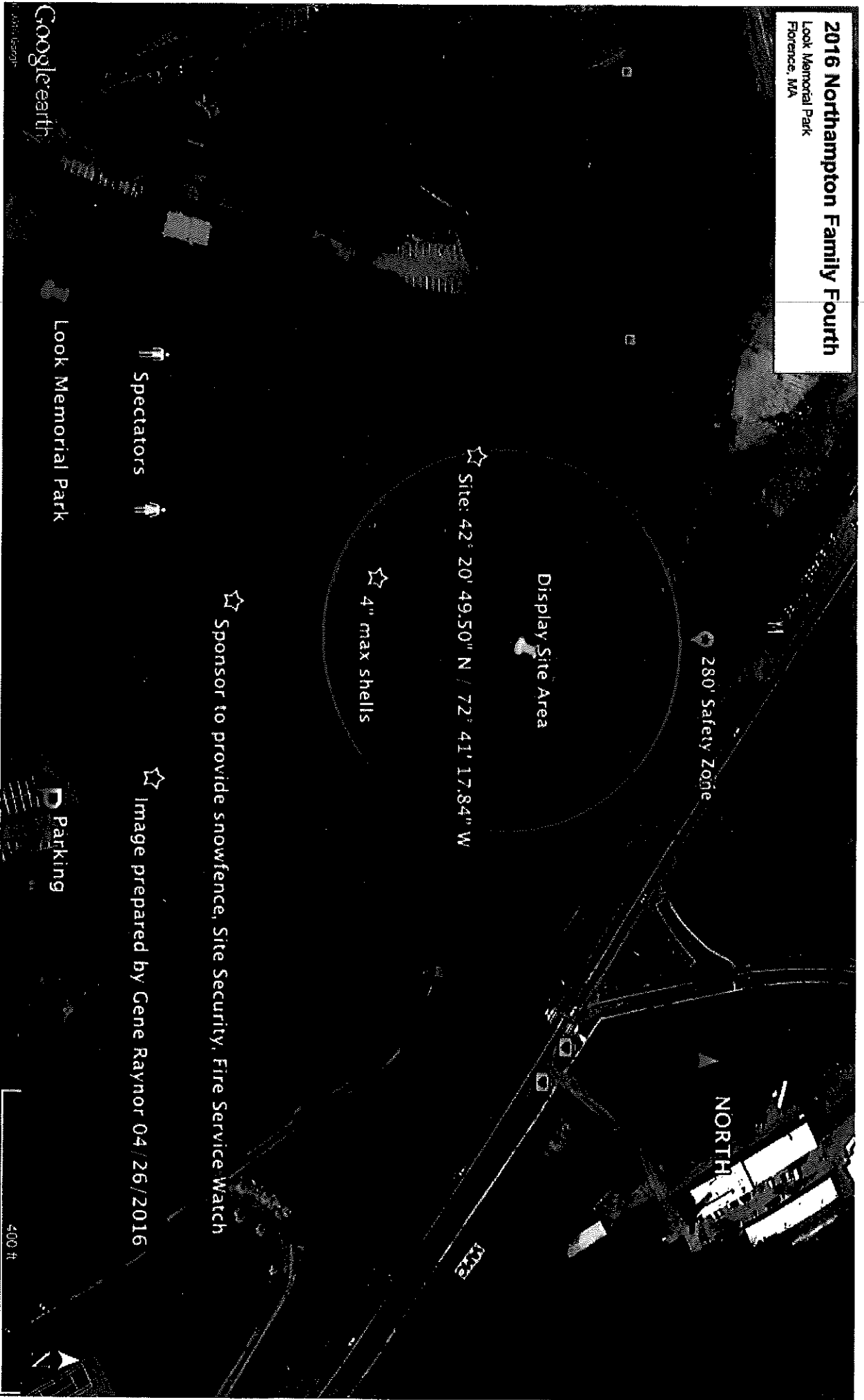
- ☐ Pre show site inspection: Establish secured area with a suitable barrier such as snow fencing or equivalent (caution tape is not sufficient). Natural barriers, as approved by SFMO, have not changed. Secured area must be established and maintained from the arrival of the fireworks until the completion of the display.
- ☐ If using racks, determine that the rack placement conforms to the approved site.
- ☐ Check racks for correct spacing and stability. Check angling of mortars.
- ☐ If not using racks, determine that mortar tubes are sufficiently buried. Check angling of mortars.
- ☐ Determine weather and wind conditions just prior to display. If necessary conduct a test shot.
- ☐ All fireworks shall be fired electrically.

Following the Show

- ☐ A competent operator must ensure a search is made for any unignited shells and related materials immediately following the display and at the first available daylight.
- ☐ Upon completion of the search, a competent operator shall report all findings to the head of the local fire department.

2016 Northampton Family Fourth

Look Memorial Park
Florence, MA



Google earth

Look Memorial Park

Spectators

Sponsor to provide snowfence, Site Security, Fire Service Watch

Image prepared by Gene Raynor 04/26/2016

Parking

500 ft

Massachusetts Display Inventory

Customer Name: Northampton Family Fourth Committee, Inc.

Address: 40 Keyes St. – PO Box 60092

City, State, Zip: Florence MA 01062

Display Date: 6.25.16 / Rain Date: 6.26.16

Display Location: Frank Newhall Look Memorial Park Gazebo Area –
Northampton, MA

Preloaded Box Barrages:

Special Effects (fountains strobe pots, etc):

Candles:

2.5-inch Shells: 560

3-inch Shells: 288

4-inch Shells: 450

5-inch Shells:

6-inch Shells:

8-inch Shells:

10-inch Shells:

Other:

Show will be electrically fired

4-inch Max Shell / Total Aerial Shells: 1298

Department of Fire Services

FW-000262

Fireworks Certificate of Competency

BUJ T Willard
81 South Road
Westhampton MA 01827



State Fire Marshal

Stefano C.

Expiration Date
11/03/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/12/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCGRUFF, SEIBELS & WILLIAMS, INC.
P.O. Box 10265
Birmingham, AL 35202

CONTACT NAME: Melanie Allen
PHONE (A/C, No, Ext): 800-476-2211
E-MAIL ADDRESS: mral@mcgruff.com

FAX (A/C, No):

INSURED
Pyrotechnico Fireworks, Inc.
P.O. Box 149
New Castle, PA 16103

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	RLI Insurance Company	13056
INSURER B:	Lexington Insurance Company	19437
INSURER C:	See Below	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: V27D22FQ

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		015375417	01/14/2016	01/14/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Policy Aggregate: \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Trlr InterChg \$1ml <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		LFT0012744	01/14/2016	01/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp. \$2500 deductible Coll. \$2500 deductible
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		015375365	01/14/2016	01/14/2017	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	738720960401-California Ins. Co (NAIC# 38865) 738720960402-Continental Indemnity Co. (NAIC# 28258) (Blanket Waiver of Subrogation Incl'd)	06/07/2015	06/07/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fireworks Display Date: June 25, 2016 / June 26, 2016

Location: Frank Newhall Look Park Gazebo Area - Northampton, MA

Northampton Family Fourth Committee, Inc. - Frank Newhall Look Memorial Park - City of Northampton, MA 01062

The above listed are Additional Insured respects to General Liability policy as required by written contract subject to policy terms, conditions and exclusions.

The Certificate Holder is Additional Insured with respect to General Liability as required by written contract.

CERTIFICATE HOLDER

Northampton Family Fourth Committee, Inc.
40 Keys Street
PO Box 60092
Florence, MA 01062

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



*The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services*

P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775

(978) 567-3100 Fax: (978) 567-3121



JW

COPY

Approval of Natural Barriers
527 CMR 2.08 (3) (c)

Date of Inspection/Approval: May 2, 2011

Location of Display: Look Park, Northampton Ma

Type of Natural Barrier: Woods, Embankment

This letter constitutes approval of natural barriers as provided in 527 CMR 2.08 (3) (c). This approval is granted subject to the following terms and limitations.

1. It is the responsibility of the competent operator (CO) to insure that the distance from the mortars to the outer edge of the natural barriers is no less than the distance specified in NFPA 1123(2010 Edition) Table 5.1.3.1
2. It is the responsibility of the competent operator (CO) to insure that all areas not protected by an approved natural barrier are protected as provided in 527 CMR 2.08 (3) (b).
3. It is the responsibility of the competent operator (CO) to insure that any openings in the natural barrier e.g.: paths, trails etc. are secured as provided in 527 CMR 2.08 (3) (b).
4. It is the responsibility of the competent operator (CO) to insure that adequate provisions are made so that no watercraft may enter the restricted area specified in NFPA 1123(2010 Edition) Table 5.1.3.1
5. This letter shall be deemed to be part of any Permit issued for the display of fireworks at the location specified above. 527 CMR 2.04 (4) (g).
6. This approval does not constitute a waiver of any of the requirements or responsibilities specified in Chapter 148 or 527 CMR 2.

Approved: 

Compliance Officer
Code Compliance & Enforcement Unit
Division of Fire Safety



U.S. Department
of Transportation
**Federal Aviation
Administration**

Eastern Service Center

1701 Columbia Avenue
College Park, Georgia 30337

April 13, 2016

rflowers@pyrotecnico.com

Dear Pyrotecnico:

We received your request for your proposed fireworks display for: **Northampton Family Fourth Committee, Inc.**

Location of Show: **Northampton, MA**

Date of the show: **June 25, 2016**

Rain Date: **June 26, 2016**

Approximate start time: **9:15 p.m.**

Duration of Firework Display: **15 minutes**

Height of Fireworks: **400 feet**

Steps to be taken by Fireworks Company

- Contact Lockheed Martin Flight Service at (877) 487-6867 at least 48 hours (but no more than 72 hours) prior to the event to issue a Notice to Airmen (NOTAM) if the fireworks are 500 feet or above.
- Fireworks staff should remain vigilant to ensure that no aircraft are in the area prior to beginning the fireworks display.

Our office has no objection to this event provided all the above notifications and precautions are met.

This letter disposes of the Federal Aviation Administration's interest in this matter but should not be construed as superseding or invalidating any existing rules or regulations promulgated by any other federal, state, county, or municipal government, which may be required for this display.

If you have any questions concerning this event, please contact Bruce Hopkins at (404) 305-5574 or email at bruce.ctr.hopkins@faa.gov.

Sincerely,

Ryan W. Almasy
Manager, Operations Support Group
Eastern Service Center
Air Traffic Organization

Enclosure



U.S. Department
of Transportation

Eastern Service Center
Operations Support Group
AJV-E2

1701 Columbia Ave.
College Park, GA 30337

REQUEST FOR FIREWORKS DISPLAY

Company Name: _____ Pyrotecnico _____

Email Address of Person Submitting Request: _____ rflowers@yprotecnico.com _____

Event Name: _____ Northampton Family Fourth Committee, Inc.

Display Date: _____ June 25, 2016 _____ Rain Date: June 26, 2016 _____

Display Start Time: _____ 9:15PM _____

Duration of Fireworks Display: _____ 15 minutes _____

Max Height of Fireworks _____ 400 Feet _____

City or Town and State (Physical Address): _____ Northampton, MA _____

Latitude: _____ 42°20'49.50 _____ (North) Longitude: _____ 72°41'17.84 _____ (West)

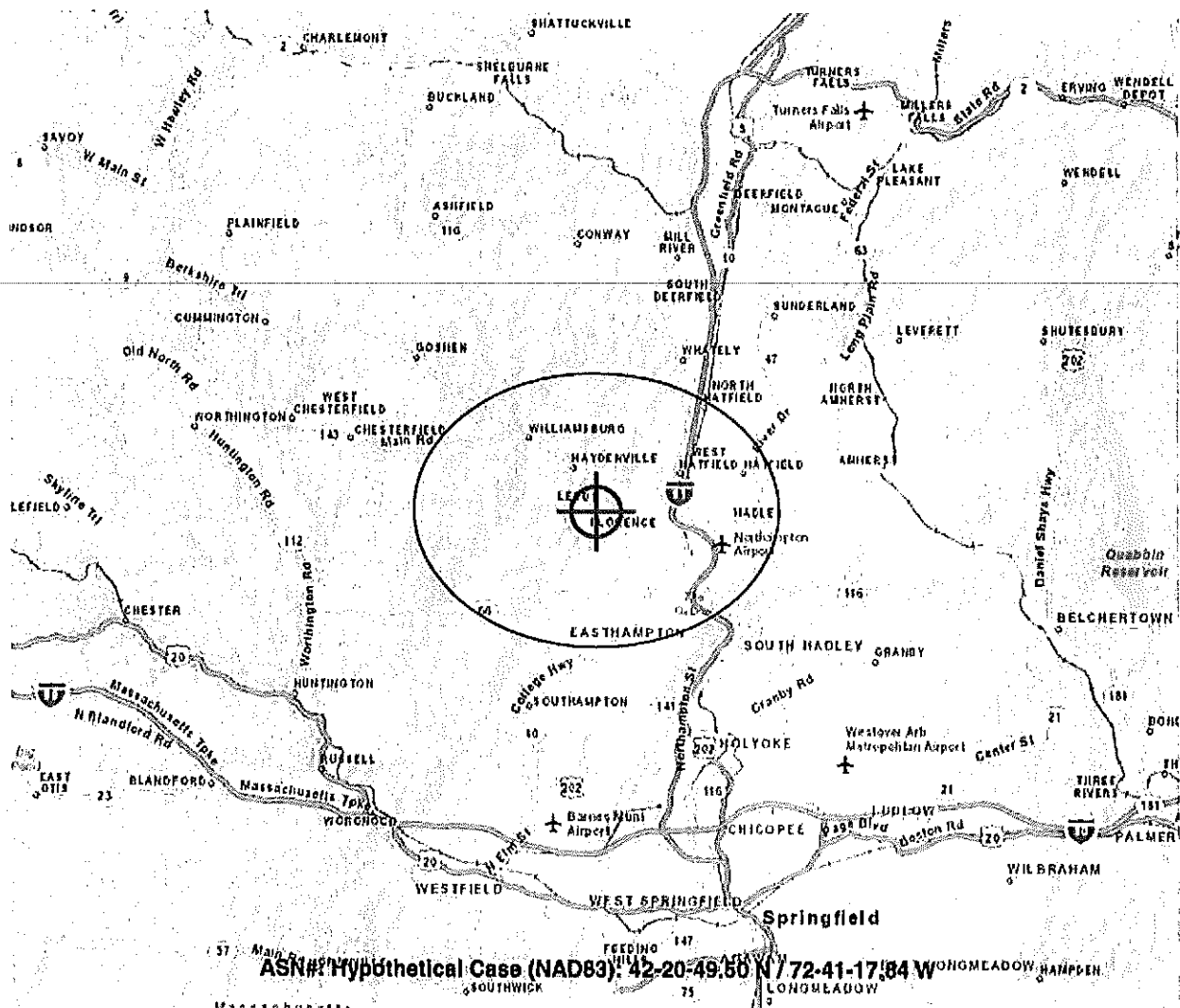
List the Closest Public Use Airport Within 25 Nautical Miles of the Display If the Fireworks

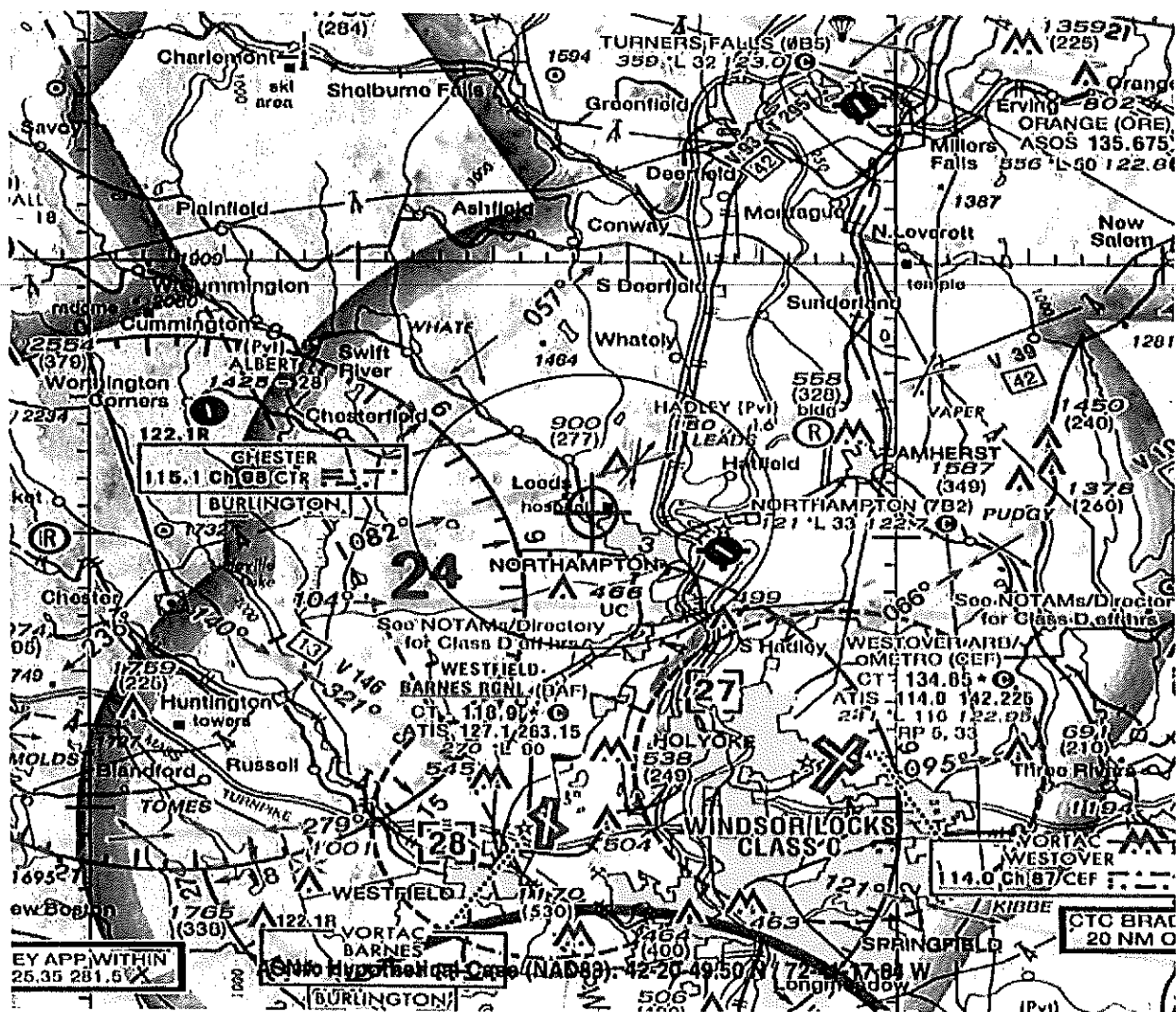
Will Reach or Exceed 500 Ft. _____

Special Notes: _____

Please email your request to:

9-ATO-ESA-OSG-Fireworks@faa.gov






VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 21BSBFX8422 issued by Hartford Fire Insurance Company dated this 1 day of February, 2011, in the amount of Dollars (\$15,000.00), on behalf of S. Vitale Pyrotechnic Ind. Inc., dba Pyrotecnico (as Principal), and in favor of The Commonwealth of Massachusetts (as Obligor), covers a term which began on the 1 day of February, 2011, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated Dec. 14, 2015

Hartford Fire Insurance Company

BY:


Mark W. Edwards, II
Attorney-in-Fact

2/1/2016 to 2/1/2017

*Use current or renewal date.

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

Bond T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-767-6836)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 21-250036

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☒ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☒ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

R.E. Daniels, Shelby E. Daniels of Pensacola FL, Robert Read Davis of Atlanta GA, Robert M. Verdin of Metairie LA, Christopher C. Gardner of Union MS, Mark W. Edwards II, Alisa B. Ferris, Robert R. Freel, Ronald B. Giadrosich, Jeffrey M. Wilson, Evondia H. Woessner of BIRMINGHAM, Alabama

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on August 1, 2009, the Companies have caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Wesley W. Cowling

Wesley W. Cowling, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard
Notary Public

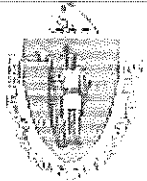
My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of Dec. 14, 2015.
Signed and sealed at the City of Hartford.



Gary W. Stumper

Gary W. Stumper, Vice President



The Commonwealth of Massachusetts

Department of Fire Services

Pyrotechnic User Certificate

PY-001012

This is to certify that in accordance with all Massachusetts laws and regulations a
Pyrotechnic User Certificate is hereby issued to:

Expiration Date: 01/14/2017

Restrictions or Secondary License Type:

**S. Vitale Pyrotechnic Ind. Inc. d/b/a/
Pyrotecnico
PO Box 149
New Castle PA 16103**

State Fire Marshal

A handwritten signature in black ink, appearing to read "Stephen C. [unclear]".

Post in a conspicuous place. Verify the status of this Certificate at www.mass.gov/dfs

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53. See "WARNINGS" and "NOTICES" on reverse.**

Chief of ATF
Correspondence To
ATF - Chief, FELC
244 Needy Road
Martinsburg, WV 25405-9431

License/Permit
Number

8-PA-073-23-8J-12122

Chief, Federal Explosives Licensing Center (FELC)

Expiration
Date

September 1, 2018

10
PYROTECNICO

Business Address (Changes? Notify the FELC at least 10 days before the move.)

299 WILSON RD
NEW CASTLE, PA 16101-

Type of License or Permit

23-IMPORTER OF EXPLOSIVES

Purchasing Certification Statement

I, the licensee or permittee named above shall use a copy of this license or permit to assist a purchaser of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original. A faxed, scanned or e-mailed copy of the license or permit with a signature added to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true and correct copy of a license or permit issued to the licensee or permittee named above to engage in the business operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

PYROTECNICO FIREWORKS INC
PYROTECNICO
PO BOX 149
NEW CASTLE, PA 16103-0149

Licensee/Permittee Responsible Person Signature

Stephen Vitale

Printed Name

Position/Title

President/CEO

Date

11-2-2015

US Edition is Obsolete

PYROTECNICO FIREWORKS INC 299 WILSON RD, 16101-0149 PA 073-23-8J-12122, September 1, 2018 23-IMPORTER OF EXPLOSIVES

ATF Form 5400.14/5400.15 Part I
Revised October 2011

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)
244 Needy Road
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352
Fax Number: (304) 616-4401
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. (The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license permit to the Director of Industry Operations for denial in accordance with § 555.54.)

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse, heir, executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for the benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Here ><

Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: PYROTECNICO FIREWORKS INC

Business Name: PYROTECNICO

License/Permit Number: 8-PA-073-23-8J-12122

License/Permit Type: 23-IMPORTER OF EXPLOSIVES

Expiration: September 1, 2018

Warning Note: Not Valid for the Sale or Other Disposition of Explosives.